

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

VOLUNTEER APPLICATION

INSTRUCTIONS:

To offer volunteer opportunities within the Department of Mental Health the following steps must be followed. For additional information, you may review the County of Los Angeles Volunteer Program Manual and [Department of Mental Health Policy #600.11](#).

VOLUNTEER PROGRAM LIAISON:

1. Please instruct the applicant to write clearly and fully complete the Volunteer Application. An unreadable or incomplete application will be rejected and sent back to the applicant's supervisor.
2. Review the application for completeness, add any required information.
3. Ensure that the Program Head/Supervisor has signed all applicable pages.
4. All Volunteer personnel information must be kept in a secure location to ensure protection of the Volunteer's confidential information.
5. For questions regarding the volunteer process contact the Human Resources Bureau (HRB)-Volunteer Program Coordinator at processing@dmh.lacounty.gov.
6. Completed original Volunteer Application is to be given to the HRB Volunteer Program Coordinator:

Department of Mental Health – Human Resource Bureau
550 S. Vermont Avenue, Room 904
Los Angeles, CA 90020
ATTN: HRB Volunteer Coordinator

VOLUNTEER:

1. Please write clearly and fully complete the Volunteer Application. An unreadable or incomplete application will be rejected and sent back to the applicant's supervisor.
2. Prior to the applicant's start date a background clearance must be completed.
3. The Volunteer Program Coordinator and the applicant's supervisor will coordinate a live scan appointment date.
4. Live Scan Appointment Day: applicant is to present a valid state issued photo identification card. Applicant will not be given a DMH identification (ID) card at this time. The State of California Department of Justice (DOJ) and the Federal Bureau Investigation (FBI) background clearance must first be received.
5. Applicant's supervisor will be contacted to establish a start date and the applicant will be informed pick-up the ID card from HRB. All applicants must have a current valid Department of Mental Health identification card.
6. A person shall not possess, wear, or in any manner use or display an identification card after his right to wear such card has been terminated.

Thank you for considering the Department of Mental Health. Your service is greatly appreciated.

2014-04-30

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

HUMAN RESOURCES BUREAU

VOLUNTEER APPLICATION CHECKLIST

Please write legibly and fully complete the Volunteer Application. No live scan appointment date will be set without a completed application. A DMH Volunteer identification card will be issued when all clearance are obtained.

FOR VOLUNTEERS

- ☐ Volunteer Application
- ☐ Volunteer Assignment Agreement
- ☐ Volunteer Emergency Contact Information
- ☐ Background Information
- ☐ Oath of Confidentiality
- ☐ Comprehensive Computer Data Access and Fraud Act Form Volunteer Agreement
- ☐ Acknowledgements
 - ☐ Harassment Policy
 - ☐ Code of Organizational Conduct and Ethics Handbook
- ☐ Learning Net System (LNS) Access Form
- ☐ Request for Live Scan Service
- ☐ Photo ID Information

FOR PHYSICIANS OR OTHER LICENSED PRACTITIONERS

- ☐ Locum Tenens Application
- ☐ Locum Tenens Confidential Questionnaire & Attestation
- ☐ Background Information Oath of Confidentiality
- ☐ Comprehensive Computer Data Access and Fraud Act Form
- ☐ Copy of Medical Board of California License
- ☐ Copy of DEA Certificate
- ☐ Copy of Residency Certificate and other related forms, certificates and/or licenses
- ☐ Acknowledgements
 - ☐ Harassment Policy
 - ☐ Code of Organizational Conduct and Ethics Handbook
- ☐ Learning Net System (LNS) Access Form
- ☐ Request for Live Scan Service
- ☐ Photo ID Information

COUNTY OF LOS ANGELES– DEPARTMENT OF MENTAL HEALTH
HUMAN RESOURCES BUREAU

VOLUNTEER APPLICATION FORM

☐ NEW APPLICANT ☐ RENEWAL APPLICANT

APPLICANT NAME:

| First Name | Middle Name | Last Name |
|---|--------------------|-----------|
| State Issued Identification Card or Driver's License: | | |
| ID/Driver's Lic #: | Exp. Date: | |
| Date of Birth: | Social Security #: | |
| Address: | | |
| City: | State: | Zip Code: |
| Contact Telephone #: | Email Address: | |

EMPLOYMENT INFORMATION

| | |
|--|--------------|
| Are you currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of Employer: | Telephone #: |
| Job Title: | |

PREVIOUS VOLUNTEER/WORK EXPERIENCE

| |
|--|
| Are you currently volunteering: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

EMERGENCY CONTACT INFORMATION

| | | |
|----------------------|----------------|-----------|
| Contact Name: | Relationship: | |
| Address: | | |
| City: | State: | Zip Code: |
| Contact Telephone #: | Email Address: | |

| | |
|---|------------|
| Specify Level of Education: (Grade School, High School, College or University, Business School) | |
| | |
| Board license/Certificate #: | Exp. Date: |

| |
|----------------------------------|
| SPECIAL SKILLS: (Explain) |
| |

LANGUAGE SKILLS

| |
|---|
| <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write (list Non-English Languages): |
| |

| |
|--|
| ORGANIZATION/SCHOOL AFFILIATIONS: |
| |

CHECK ONLY ONE BOX BELOW:

| |
|---|
| VOLUNTEER: <input type="checkbox"/> Patient Advocate <input type="checkbox"/> Peer Advocate <input type="checkbox"/> Title V – Senior Community Service Employment Program <input type="checkbox"/> Student Grade School <input type="checkbox"/> WOW - Wellness Outreach Workers <input type="checkbox"/> Volunteer |
| OTHER: <input type="checkbox"/> TSE/Gain <input type="checkbox"/> CAL/Works <input type="checkbox"/> Agency Temp Personnel |
| <input type="checkbox"/> Contractor <input type="checkbox"/> Fellow <input type="checkbox"/> Intern/Medical <input type="checkbox"/> Intern/Student <input type="checkbox"/> Locum Tenen <input type="checkbox"/> Nurse <input type="checkbox"/> Resident |

VOLUNTEER APPLICATION FORM

☐ NEW APPLICANT ☐ RENEWAL APPLICANT

APPLICANT NAME:

| First Name | Middle Name | Last Name |
|------------|-------------|-----------|
|------------|-------------|-----------|

For Parent of Guardian or Applicants Under 18 of Age: / have reviewed this application and / authorize my son/daughter/legal ward to apply to the DMH.

Printed Name:

Relation to Volunteer:

Address

Signature:

Date:

I certify that all of the statements made in this application are true correct, and complete, to the best of my knowledge, and are made in good faith. I understand that a background check will be conducted and I further understand that misinformation or omission of information could result in disqualifying and/or termination as a DMH Volunteer.

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C. § 552a) requires that the following notice be provided to you: The authority for collecting information from you. In this application is contained in 42 U.S.C. 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C. 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in DMH programs.

The principal purpose for requesting this information is to process your application into the DMH volunteer program, and for the other general routine purposes associated with your participation in the DMH program. These routines purposes may include disclosures of the information to federal, state, or local agencies pursuant to lawfully authorized requests, to present and former employers, and educational institutions, for the purpose of verifying the information provided to you in your application. The information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information will not otherwise be disclosed to entities of the DMH without your prior written permission.

VOLUNTEER PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

2014-07-22

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

VOLUNTEER ASSIGNMENT AGREEMENT

| | | |
|--|---------------|---------------|
| VOLUNTEER NAME: | | DATE: |
| PROGRAM NAME: | | PHONE NUMBER: |
| VOLUNTEER AGREES TO PROVIDE THE FOLLOWING SERVICES (List assignments/tasks): | | |
| | | |
| AREA PROGRAM COORDINATOR NAME: | | |
| ADDRESS: | PHONE NUMBER: | |

VOLUNTEER RESPONSIBILITIES AND LIMITATIONS

1. All information as required must be kept confidential
2. Refrain from publishing any data gathered during the volunteer assignment or disseminating commercial advertisements, press releases, opinions or feature articles without prior written consent of the Volunteer and Special Programs Director.
3. Refrain from any type of solicitation or charging, requesting or accepting any fee, gift, reward or payment of any kind from individuals or staff for any services rendered as a volunteer.
4. Non-clinical volunteers are to refrain from offering medical and/or legal advice and referral to individuals, even though you may be asked for such.
5. I will not drive my car as part of my volunteer assignment.
6. Report immediately any known or suspected incident of abuse to children, dependent adults, or elders, to a child protective services agency, the Elder Abuse Hotline, County Long Term Care Ombudsman or local law enforcement agency as well as to the Volunteer Coordinator.
7. Refrain from performing duties other than those listed above. If you want to provide new or additional services, a new agreement must be completed.
8. Refrain from handling personal resources such as bank accounts, cash, checks, notes, mortgages, trust deeds, sales contracts, stocks, bond, certificates or other liquid assets of individuals with whom you are working as a volunteer.
9. If your assignment is with a child, always carry your Field Trip Authorization form with you during activities.
10. Complete a report of your volunteer hours each month.
11. Always carry or wear your valid DMH photo identification card when engaged in activities as a volunteer for this program.
12. Contact the individual with whom you are working as a volunteer, Office Liaison or Volunteer Coordinator whenever you cannot follow through with prearranged plan.
13. Contact the Office Liaison or Volunteer Coordinator immediately when any problems arise, i.e. if you or the individual with whom you are working is injured in the course of your volunteer assignment, when you are unable to contact individual, or when you feel that changes need to be made in your assignment.
14. ID Cards shall remain property of the Los Angeles County and at no time shall become personal property of any individual; therefore, it is the duty of all Volunteers/Interns/Locum Tenens/Transitional Subsidized Employment (TSE) Greater Avenue For Independence (GAIN)/Contractors/Student Workers to:
 - 1) surrender their ID Cards at the moment of Terminations and ID Card Expirations to DMH
 - 2) immediately report their lost ID Card and follow the Los Angeles County Loss of Badges Regulations

| | |
|--|-------|
| I HAVE READ AND UNDERSTAND THE RESPONSIBILITIES AND LIMITATIONS AS STATED ABOVE AND I AGREE TO ABIDE BY THEM IN CARRYING OUT MY DUTIES | |
| VOLUNTEER'S SIGNATURE: | DATE: |
| | |

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

VOLUNTEER INFORMATION – EMERGENCY CONTACT

Contact Information

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Person to Notify in Case of Emergency

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Physician Information

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Office Phone | |
| E-Mail Address | |

Volunteer Service Site Information

| | |
|-----------------------|--|
| Program/Facility Name | |
| Street Address | |
| City ST ZIP Code | |
| Work Phone | |

Supervisor Information

| | |
|----------------------|--|
| Name | |
| Work Phone | |
| E-Mail Address | |
| | |
| Supervisor Signature | |
| Date: | |

COUNTY OF LOS ANGELES — DEPARTMENT OF MENTAL HEALTH

VOLUNTEER OATH OF CONFIDENTIALITY

I, the undersigned, hereby agree not to divulge any information or records concerning any client or patient without proper authorization in accordance with California Welfare and Institutions Code, Section 5328, and the following Code Sections.

I recognize the unauthorized release of confidential information may make me subject to a civil action under provisions of the California Welfare and Institutions (W&I) Code and Title 9, California Administrative Code, as follows:

W&I Code, 5330. (a) Any person may bring an action against an individual who has willfully and knowingly released confidential information or records concerning him or her in violation of this chapter, or of Chapter 1 (commencing with Section 11860) of Part 3 of Division 10.5 of the Health and Safety Code, for the greater of the following amounts:

- (1) Ten thousand dollars (\$10,000).
- (2) Three times the amount of actual damages, if any, sustained the plaintiff

W&I Code Section 5330. (b) Any person may bring an action against an individual who has negligently released confidential information or records concerning him or her in violation of this chapter, or of Chapter 1 (commencing with Section 11860) of Part 3 of Division 10.5 of the Health and Safety Code, for both of the following:

- (1) One thousand dollars (\$1,000). In order to recover under this paragraph, it shall not be a prerequisite that the plaintiff suffer or be threatened with actual damages.
- (2) The amount of actual damages, if any, sustained by the plaintiff.

W&I Code Section 5330. (c) Any person may, in accordance with Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure, bring an action to enjoin the release of confidential information or records in violation of this chapter, and may in the same action seek damages as provided in this section.

W&I Code Section 5330. (d) In addition to the amounts specified in subdivisions (a) and (b), the plaintiff shall recover court costs and reasonable attorney's fees as determined by the court.

As a condition of performing my duties as a volunteer of the Department of Mental Health, I agree not to divulge to any unauthorized person any client/patient data information obtained from my facility by the Department.

I recognize the unauthorized release of confidential information may make me subject to a civil action under the provisions of the Welfare and Institutions Code, and may result in the termination of any offer of volunteer service.

| | | |
|---------------------|----------------------|-----------------|
| Name (PRINT) | Volunteer No. | Volunteer Title |
| <hr/> | | |
| Unit/Program Name | Unit/Program Address | |
| <hr/> | | |
| Volunteer Signature | Date | |

2014-04-07

**COUNTY OF LOS ANGELES
AGREEMENT FOR ACCEPTABLE USE AND
CONFIDENTIALITY OF
COUNTY'S INFORMATION TECHNOLOGY ASSETS,
COMPUTERS, NETWORKS, SYSTEMS AND DATA**

As a Los Angeles County employee, contractor, vendor or other authorized user of County Information Technology (IT) assets including computers, networks, systems and data, I understand that I occupy a position of trust. I will use County IT assets for County management approved business purposes only and maintain the confidentiality of County's business and Citizen's private data. As a user of County's IT assets, I agree to the following:

1. Computer crimes: I am aware of California Penal Code 502(c) - Comprehensive Computer Data Access and Fraud Act (attached). I will immediately report any suspected computer misuse or crimes to my Management.
2. Security access controls: I will not subvert or bypass any security measure or system which has been implemented to control or restrict access to computers, networks, systems or data. I will not share my computer identification codes (log-in ID, computer access codes, account codes, ID's, etc.) or passwords.
3. Approved business purposes: I will use the County's Information Technology (IT) assets including computers, networks, systems and data for County management approved business purposes only.
4. Confidentiality: I will not access or disclose any County program code, data, information or documentation to any individual or organization unless specifically authorized to do so by the recognized information owner.
5. Computer virus and malicious code: I will not intentionally introduce any computer virus, worms or malicious code into any County computer, network, system or data. I will not disable or delete computer virus detection and eradication software on County computers, servers and other computing devices I am responsible for.
6. Offensive materials: I will not access or send any offensive materials, e.g., sexually explicit, racial, harmful or insensitive text or images, over County owned, leased or managed local or wide area networks, including the public Internet and other electronic mail systems, unless it is in the performance of my assigned job duties, e.g., law enforcement. I will report to my supervisor any offensive materials observed by me or sent to me on County systems.
7. Public Internet: I understand that the Public Internet is uncensored and contains many sites that may be considered offensive in both text and images. I will use County Internet services for approved County business purposes only, e.g., as a research tool or for electronic communication. I understand that the County's Internet services may be filtered but in my use of them I may be exposed to offensive materials. I agree to hold the County harmless should I be inadvertently exposed to such offensive materials. I understand that my Internet activities may be logged, are a public record, and are subject to audit and review by authorized individuals.
8. Electronic mail and other electronic data: I understand that County electronic mail (e-mail), and data, in either electronic or other forms, are a public record and subject to audit and review by authorized individuals. I will comply with County e-mail use policy and use proper business etiquette when communicating over e-mail systems.
9. Copyrighted materials: I will not copy any licensed software or documentation except as permitted by the license agreement.

10. Disciplinary action for non-compliance: I understand that my non-compliance with any portion of this Agreement may result in disciplinary action including my suspension, discharge, denial of service, cancellation of contracts or both civil and criminal penalties.

**CALIFORNIA PENAL CODE 502(c) -
“COMPREHENSIVE COMPUTER DATA ACCESS AND FRAUD ACT”**

Below is a section of the “Comprehensive Computer Data Access and Fraud Act” as it pertains specifically to this Agreement. California Penal Code 502(c) is incorporated in its entirety into this Agreement by reference and all provisions of Penal Code 502(c) apply. For a complete copy, consult the Code directly at website www.leginfo.ca.gov/.

502. (c) Any person who commits any of the following acts is guilty of a public offense:

- (1) Knowingly accesses and without permission alters, damages, deletes, destroys, or otherwise uses any data, computer, computer system, or computer network in order to either (A) devise or execute any scheme or artifice to defraud, deceive, or extort, or (B) wrongly control or obtain money, property, or data.
- (2) Knowingly accesses and without permission takes, copies or makes use of any data from a computer, computer system, or computer network, or takes or copies supporting documentation, whether existing or residing internal or external to a computer, computer system, or computer network.
- (3) Knowingly and without permission uses or causes to be used computer services.
- (4) Knowingly accesses and without permission adds, alters, damages, deletes, or destroys any data, computer software, or computer programs which reside or exist internal or external to a computer, computer system, or computer network.
- (5) Knowingly and without permission disrupts or causes the disruption of computer services or denies or causes the denial of computer services to an authorized user of a computer, computer system, or computer network.
- (6) Knowingly and without permission provides or assists in providing a means of accessing a computer, computer system, or computer network is in violation of this section.
- (7) Knowingly and without permission accesses or causes to be accessed any computer, computer system, or computer network.
- (8) Knowingly introduces any computer contaminant into any computer, computer system, or computer network.

I HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT:

Employee's Name

Employee's Signature

Date

Employee's Employee Number

Manager's Name

Manager's Signature

Date

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SUPERVISOR AND VOLUNTEER AGREEMENT

The (DMH Program/Clinic) _____

agrees to accept the services of (Volunteer Name) _____

Supervisor/Manager Name (Print) _____,
commits to the following:

1. To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of his/her position.
2. To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
3. To respect the skills, dignity, and individual needs of the volunteer.
4. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
5. To treat the volunteer as an equal partner with agency staff, jointly responsible for completion of the agency mission.

I (Volunteer Name), _____,
agree to serve as volunteer and commits to the following:

1. Keep confidential all information as required.
2. Refrain from publishing any data gathered during the volunteer assignment of disseminating commercial advertisements, press releases, opinions or feature articles without prior written consent of the Department.
3. Refrain from any type of solicitation or charging, requesting or accepting any fee, gift, reward or payment of any kind from individuals or staff for any services rendered as a volunteer.
4. Non-clinical volunteer are to refrain from offering medical and/or legal advice and referral to individuals, even though I may be asked for such.
5. I will not drive my car as part of my volunteer assignment.
6. Report immediately any known or suspected incident of abuse to children, dependent adults, or elders, to a child protective services agency, the Elder Abuse Hotline, County Long Term Care Ombudsman or local law enforcement agency as well as to the Clinic/Program Manager and Volunteer Coordinator.
7. Refrain from performing duties other than those listed above. If I want to provide new or additional services, a new agreement must be completed.
8. Refrain from handling personal resources such as bank accounts, cash, checks, notes, mortgages, trust deeds, sales contracts, stocks, bonds, certificates or other liquid assets of individuals with whom you are working as a volunteer.
9. If my assignment is with a child, always carry my "Field Trip Authorization" form with me during activities.
10. Complete a report of my volunteer hours each month.
11. Always wear my "Volunteer Photo Identification Card" when engaged in activities as a volunteer for DMH.
12. Contact the individual I am working for as a volunteer, or the Volunteer Coordinator whenever I cannot follow through with prearranged plans.
13. Contact the Clinic management or Volunteer Coordinator when any problems arise, i.e., if I or the individual with whom I am working is injured in the course of my volunteer assignment, or when I feel that changes need to be made in my assignment.

SIGNATURES:

Supervisor/Manager Signature: _____ Date: _____

Volunteer Signature: _____ Date: _____

7/22/2014

COUNTY OF LOS ANGELES — DEPARTMENT OF MENTAL HEALTH

VOLUNTEER ACKNOWLEDGEMENTS

HARASSMENT POLICY

I acknowledge that I have received and read the Harassment Policy (605.2) of the Department of Mental Health (DMH). I agree to abide by the policy.

I further agree to participate in a formal Harassment Prevention training within 90 days of issuance of my DMH Volunteer Identification card, and then every 2 years thereafter. I will coordinate participation with my Supervisor.

Volunteer Signature: _____ Date: _____

CODE OF ORGANIZATIONAL CONDUCT AND ETHICS HANDBOOK

I acknowledge that I have received a copy of the Compliance Program: Code of Organizational Conduct (Policy #112.2) of the Los Angeles Department of Mental Health and the Department's Ethics Handbook. I agree to abide by the principles and standards set forth by the policy and handbook.

Volunteer Signature: _____ Date: _____

Volunteer Printed Name: _____

Volunteer ID Number: _____

Work Location Name: _____

Supervisor Printed Name: _____

Supervisor Signature: _____ Date: _____

Telephone Number: _____

County of Los Angeles Department of Mental Health
WORKFORCE EDUCATION & TRAINING DIVISION

Non-Compensated DMH Personnel

LEARNING NET SYSTEM (LNS) ACCESS FORM

Instructions: All information must be completed to add your name into the DMH LNS. This is required for DMH non-compensated personnel to register for trainings, download transcripts and complete mandatory trainings. ***Non-compensated DMH Personnel who are also a Los Angeles County employee with another department should not complete this form.***

| | | | |
|------------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Starting Date with DMH | Last 4 digits of SSN | Birth Date | Home Zip Code |

| | |
|--------------------------------------|---|
| New <input type="checkbox"/> | DMHContracted <input type="checkbox"/> |
| Termination <input type="checkbox"/> | Intern/Student <input type="checkbox"/> |
| | LocumTenen <input type="checkbox"/> |
| | Volunteer <input type="checkbox"/> |

The last 4 digits of your SSN, your Birth Date, and the Zipcode are used to create your unique LNS logon. *

| | |
|------------------------|--|
| <input type="text"/> | <input type="text"/> |
| Last Name please print | First Name and Middle Initial please print |

| | | |
|----------------------|--|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| E-Mail Address** | Professional License No. if applicable | M/F |

| | |
|--------------------------------|-------------------------|
| <input type="text"/> | <input type="text"/> |
| Program Bureau / Facility Name | Area Code Telephone No. |

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Address | Area Code Fax No. |

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| City | Zip |

| | | |
|--|----------------------|------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Immediate Supervisor's Name (please print) | Employee # | Immediate Supervisor's Email |

*An Alien Registration Card No. may be used in lieu of the SSN.

**If the email address is not available the Bureau's email should be used for registration of training until a permanent email is established.

PDF this form to DMHLearningNet@dmh.lacounty.gov
DO NOT FAX—FAXED COPIES WILL NOT BE ACCEPTED

Terminations: Check Termination box
Enter Last Name, First Name and Supervisor's Name
PDF this form to DMHLearningNet@dmh.lacounty.gov
Questions: Phone: (213) 251-6854

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
PAY LOCATION LISTING

| PL | DIVISION | ADDRESS | | TELEPHONE |
|-----------|--|--|---------------------------------|------------------|
| 01 | OFFICE OF THE DIRECTOR | 550 S VERMONT AVENUE 12th Fl | LOS ANGELES, California 90020 | 213/738-4601 |
| 02 | REVENUE MANAGEMENT DIVISION | 695 S. VERMONT AVENUE 7TH FLOOR | LOS ANGELES, California 90005 | 213/738-2449 |
| 03 | DIRECTOR OF FINANCIAL SERVICES | 550 S VERMONT AVENUE 11th Fl | LOS ANGELES, California 90020 | 213/738-2891 |
| 04 | SPECIALIZED CHILDREN & YOUTH SVCS | 550 S VERMONT AVENUE 4th Floor | LOS ANGELES, California 90020 | 213/738-4644 |
| 05 | HUMAN RESOURCES BUREAU | 550 S VERMONT AVENUE 9th Fl. | LOS ANGELES, California 90020 | 213/351-7700 |
| 06 | EDMUND D. EDELMAN WESTSIDE MHC - C & Y | 11080 W OLYMPIC BLVD 1st Fl. | LOS ANGELES, California 90064 | 323/769-6100 |
| 07 | CONTRACTS DEVELOPMENT & ADMINS. DIV. | 550 S VERMONT AVENUE 5th Fl | LOS ANGELES, California 90020 | 213/738-4684 |
| 08 | COMPLIANCE OFFICE | 600 S COMMONWEALTH AVE ROOM 201 | LOS ANGELES, California 90005 | 213/739-2390 |
| 09 | ADMINISTRATIVE SERVICES BUREAU | 550 S VERMONT AVENUE 2nd Flr | LOS ANGELES, California 90020 | 213/738-4639 |
| 10 | PATIENT RIGHTS BUREAU | 550 S VERMONT AVENUE Rm. 608 | LOS ANGELES, California 90020 | 213/738-2716 |
| 11 | PALMDALE MENTAL HEALTH CENTER | 1529 EAST PALMDALE BLVD. Suite 150 | PALMDALE, California 93550 | 661/575-1828 |
| 12 | JAIL MENTAL HEALTH SERVICES | 441 BAUCHET STREET ROOM #1017 1st Flr | LOS ANGELES, California 90012 | 213/974-9616 |
| 13 | CHIEF INFORMATION OFFICE | 695 S. VERMONT AVENUE 7th Fl | LOS ANGELES, California 90005 | 213/251-6481 |
| 14 | OFFICE OF PUBLIC GUARDIAN | 320 W TEMPLE STREET 15th Fl | LOS ANGELES, California 90012 | 213/974-0527 |
| 16 | MHSA JAIL LINKAGE/AB2034 | 441 BAUCHET STREET ROOM #1017 Tower | LOS ANGELES, California 90012 | 213/738-4385 |
| 17 | CHILDREN'S SYSTEMS OF CARE ADMIN | 600 S COMMONWEALTH AVE 6th Floor | LOS ANGELES, California 90005 | 213/738-3489 |
| 18 | ADULT SYSTEM OF CARE ADMIN | 550 S VERMONT AVENUE 3 rd Flr | LOS ANGELES, California 90020 | 213/738-4945 |
| 19 | JUVENILE COURT MENTAL HEALTH UNIT | 201 CENTRE PLAZA DRIVE Rm 425 | MONTEREY PARK, California 91754 | 310/766-4330 |
| 20 | ARCADIA M.H. CENTER | 330 E. LIVE OAK AVENUE | ARCADIA, California 91006 | 213/7384253 |
| 21 | DPSS CO-LOCATED PROGRAM | 550 S VERMONT AVENUE 11th Fl. | LOS ANGELES, California 90020 | 213/738-3715 |
| 22 | OLDER ADULT SERVICES - ADMIN | 550 S VERMONT AVENUE 6th Fl. Rm 601 | LOS ANGELES, California 90020 | 213/738-3572 |
| 23 | AB3632 ASSESSMENT UNIT | 11303 W SUITE 200 WASHINGTON BLVD | LOS ANGELES, California 90066 | 310/268-2521 |
| 25 | TRAINING & CULTURAL COMPETENCY | 550 S VERMONT AVENUE RM 1202 | LOS ANGELES, California 90020 | 213/738-4105 |
| 26 | ACCESS CENTER | 12440 FIRESTONE BLVD, SUITE 3001 2nd | NORWALK, California 90650 | 562/651-5002 |
| 27 | DMH-COMMUNITY URGENT SERVICES | 10605 BALBOA BLVD, SUITE 100 | GRANADA HILLS, California 91344 | 818/832-6192 |
| 28 | VALLEY COORDINATED CHILDREN'S | 19231 VICTORY BLVD Suite 110 | RESEDA, California 91335 | 818/708-4500 |
| 30 | COMPTON FAMILY MENTAL HEALTH | 921 E. COMPTON BLVD. 1st Fl | COMPTON, California 90220 | 310/668-6878 |
| 31 | AUGUSTUS F. HAWKINS CCU | 1720 E 120TH STREET 1st Fl. Rm 1040 | LOS ANGELES, California 90059 | 310/668-3770 |
| 33 | AB3632/SECTOR II PROGRAM | 12440 FIRESTONE BLVD, SUITE 3001 | NORWALK, California 90650 | 213/738-4628 |
| 34 | MENTAL HEALTH COURT LINKAGE PROGRAM | 1499 HUNTINGTON DRIVE Suite #101 | SO. PASADENA, California 91030 | 626/403-4370 |
| 36 | EMERGENCY OUTREACH BUREAU - ADMIN | 550 S VERMONT AVENUE 10 th Fl | LOS ANGELES, California 90020 | 213/738-3489 |
| 37 | EOB - COUNTYWIDE RESOURCE MGMT | 1925 DALY 2nd Fl | LOS ANGELES, California 90031 | 323/226-4448 |
| 38 | CalWORKs | 550 S VERMONT AVENUE 11th FL | LOS ANGELES, California 90020 | 213/738-4253 |
| 39 | LONG BEACH GEOGRAPHIC INITIATIVE | 100 OCEANGATE Suite #550 | LONG BEACH, California 90802 | 562/435-2337 |
| 41 | OFFICE OF THE MEDICAL DIRECTOR | 550 S VERMONT AVENUE 12th Flr | LOS ANGELES, California 90020 | 213/738-2130 |
| 42 | PROGRAM SUPPORT BUREAU | 550 S VERMONT AVENUE 12th Fl | LOS ANGELES, California 90020 | 213/738-4105 |
| 44 | WEST CENTRAL FAMILY M.H. CENTER | 3751 STOCKER STREET | LOS ANGELES, California 90008 | 323/298-3680 |

| | | | | |
|----|--|--|-----------------------------------|--------------|
| 45 | ROYBAL FAMILY MENTAL HEALTH CENTER | 4701 E. CESAR CHAVEZ 2nd Fl. | LOS ANGELES, California 90022 | 323/767-3400 |
| 46 | HOLLYWOOD MENTAL HEALTH CENTER | 1224 N VINE STREET | HOLLYWOOD, California 90038 | 323/769-6183 |
| 47 | DOWNTOWN MENTAL HEALTH CENTER | 529 SOUTH MAPLE AVENUE | LOS ANGELES, California 90013 | 213/4306899 |
| 48 | NORTHEAST MENTAL HEALTH CENTER | 5564 N FIGUEROA ST | LOS ANGELES, California 90042 | 213/738-4258 |
| 49 | CSOC - COUNTYWIDE CASE MANAGEMENT | 600 S COMMONWEALTH AVE 2ND FL | LOS ANGELES, California 90005 | 213/738-3940 |
| 50 | JUVENILE JUSTICE MH PROGRAM - ADMIN | 550 S VERMONT AVENUE 3rd Fl | LOS ANGELES, California 90020 | 213/738-2895 |
| 51 | SERVICE AREA 3 PROGRAM ADMINISTRATION | 600 S COMMONWEALTH AVE 6TH FLOOR | LOS ANGELES, California 90005 | 213/738-4978 |
| 52 | INTERAGENCY CONSULTATION & | 100 OceanGate Suite 550 | LONG BEACH, California 90802 | 562/435-2337 |
| 53 | CHILD YOUTH FAMILY PROG/SFC - CHILD | 600 S COMMONWEALTH AVE 6TH FL | LOS ANGELES, California 90005 | 213/738-4620 |
| 54 | LONG BEACH CHILD MENTAL HEALTH CENTER | 240 E 20TH STREET | LONG BEACH, California 90806 | 562/435-2337 |
| 55 | SAN ANTONIO FAMILY MHC - OUTPATIENT | 2629 Clarendon Avenue. | Huntington Park, California 90255 | 213/500-4372 |
| 57 | BIRTH TO FIVE - CFPA | 600 S COMMONWEALTH AVE 6th Floor | LOS ANGELES, California 90005 | 213/738-3201 |
| 60 | ANTELOPE VALLEY MENTAL HEALTH | 349-A E AVENUE K-6 | LANCASTER, California 93535 | 661/723-4261 |
| 65 | SAN FERNANDO MENTAL HEALTH CENTER | 10605 BALBOA BLVD, SUITE 100 | GRANADA HILLS, California 91344 | 818/832-6161 |
| 66 | WEST VALLEY MENTAL HEALTH CENTER | 7621 CANOGA AVENUE | CANOGA PARK, California 91304 | 818/598-6900 |
| 67 | SANTA CLARITA VALLEY MHS | 23501 CINEMA DRIVE | SANTA CLARITA, California 91355 | 213/205-3743 |
| 70 | LONG BEACH MENTAL HEALTH | 1975 LONG BEACH BLVD | LONG BEACH, California 90806 | 562/435-2337 |
| 71 | AMERICAN INDIAN COUNSELING CTR | 17707 STUDEBAKER ROAD 208 | CERRITOS, California 90703 | 213/738-4400 |
| 72 | RIO HONDO MHC - C & Y AMERICAN INDIAN | 17707 STUDEBAKER ROAD | CERRITOS, California 90703 | 562/403-0101 |
| 73 | SAN PEDRO MENTAL HEALTH CENTER | 150 WEST 7TH STREET | SAN PEDRO, California 90731 | 310/222-1643 |
| 74 | SOUTH BAY MENTAL HEALTH CENTER | 2311 W EL SEGUNDO BLVD | HAWTHORNE, California 90250 | 323/241-6890 |
| 75 | TWIN TOWERS CORRECTIONAL FAC. - MENTAL | 11705 S ALAMEDA ST RM. 8387-A 2ND | LYNWOOD, California 90262 | 323/568-4656 |
| 76 | EDMUND D. EDELMAN WESTSIDE MHC | 11080 W OLYMPIC BLVD | LOS ANGELES, California 90064 | 213/473-6183 |
| 77 | LONG BEACH ASIAN MENTAL HEALTH CENTER | 1975 LONG BEACH BLVD 2nd Fl. | LONG BEACH, California 90806 | 562/218-4042 |
| 78 | HARBOR/UCLA MEDICAL CENTER ADMIN. | 1000 W CARSON ST, BOX 498 | TORRANCE, California 90509 | 310/222-1643 |
| 79 | COASTAL ASIAN PACIFIC MH SERVICES | 14112 S KINGSLEY DRIVE | GARDENA, California 90249 | 310/217-7309 |
| 80 | CENTRAL JUVENILE HALL - MH UNIT | 1605 EASTLAKE AVENUE | LOS ANGELES, California 90033 | 323/226-8826 |
| 81 | LOS PADRINOS JUVENILE HALL - MH UNIT | 7285 EAST QUILL DRIVE | DOWNEY, California 90242 | 213/738-6193 |
| 82 | BARRY J. NIDORF JUV. HALL - MH UNIT | 16350 FILBER STREET | SYLMAR, California 91342 | 818/364-6876 |
| 83 | DOROTHY KIRBY CENTER - MH UNIT | 1500 S MCDONNELL AVENUE | COMMERCE, California 90022 | 323/526-6361 |
| 84 | CHALLENGER MH UNIT | 5300 W AVENUE I | LANCASTER, California 93536 | 661/940-4050 |
| 85 | WOMEN'S REINTEGRATION PROGRAM | 8300 S VERMONT AVE 1ST | LOS ANGELES, California 90044 | 323/525-6400 |
| 86 | EMPOWERMENT & ADVOCACY DIVISION | 695 S. VERMONT AVENUE 8th Fl. | LOS ANGELES, California 90005 | 213/251-6580 |
| 87 | SPECIALIZED FOSTER CARE SA 6 | 10421 S FIGUEROA ST | LOS ANGELES, California 90003 | 310/738-4620 |
| 88 | COUNTYWIDE SPECIALIZED FOSTER CARE | 600 S COMMONWEALTH AVE RM 67 | LOS ANGELES, California 90005 | 213/739-5466 |
| 89 | COUTYWIDE HOUSING, EMPLOYMENT AND | 550 S VERMONT AVENUE 8TH FLOOR | LOS ANGELES, California 90020 | 213/351-5297 |
| 90 | OFFICE OF ADMIN DEPUTY | 550 S VERMONT AVENUE 12 TH Fl. Rm 227 | LOS ANGELES, California 90020 | 213/738-2891 |
| 91 | ANTELOPE VALLEY KIDZ CONNECTION | 2323A E PALMDALE BLVD | PAMDALE, California 93550 | 661/223-3827 |
| 92 | WEST VALLEY WELLNESS CENTER | 6800 OWENSMOUTH RM 160 | CANOGA PARK, California 91303 | 213/738-3111 |
| 93 | CAMP ROCKEY - SOUTHERN MH CAMP PROGS | 1900 N SYCAMORE CANYON RD | SAN DIMAS, California 91773 | 323/981-4308 |

Tuesday, November 10, 2009

2/2

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

HUMAN RESOURCES BUREAU

PHOTO IDENTIFICATION CARD INFORMATION

CHECK ONLY ONE BOX BELOW:

VOLUNTEER: ☐ Patient Advocate ☐ Peer Advocate ☐ Title V – Senior Community Service
Employment Program ☐ Student Grade School ☐ WOW - Wellness Outreach Workers
☐ Volunteer

OTHER: ☐ TSE/Gain ☐ CAL/Works ☐ Agency Temp Personnel ☐ Contractor ☐ Fellow ☐
Intern/Medical ☐ Intern/Student ☐ Locum Tenen ☐ Nurse ☐ Resident

APPLICANT NAME:

| |
|--|
| |
|--|

First Name

Last Name

| | |
|--|--|
| | |
|--|--|

WORKSITE NAME / LOCATION NAME

WORKITE # / LOCATION #

| | |
|----------------|-------------|
| DATE OF BIRTH: | HEIGHT: |
| EYE COLOR: | HAIR COLOR: |

VOLUNTEER ID NUMBER _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

CIRCLE ONE: Volunteer / Contractor / TSE Gain / Locum Tenen / Intern / Fellow / Other:

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

COUNTY OF LA DEPARTMENT OF MENTAL HEALTH

Agency Authorized to Receive Criminal Record Information

550 S. Vermont Avenue, Room 904

Street Address or P.O. Box

Los Angeles

City

CA

State

90020

ZIP Code

Mail Code (five-digit code assigned by DOJ)

Patsy Ayala

Contact Name (mandatory for all school submissions)

213 738 3641

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex

☐

Male

☐

Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing
Number

(Agency Billing Number)

Misc.
Number

(Other Identification Number)

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

☐

DOJ

☐

FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



EMPLOYEE ACKNOWLEDGEMENT AND RECEIPT OF
COUNTY POLICY OF EQUITY

I, _____, _____
Employee Name Payroll Title

acknowledge that I am expected to read, understand and adhere to the
County Policy of Equity and have received a copy.

DATE: _____

DEPT: _____

EMPLOYEE SIGNATURE: _____

EMPLOYEE NUMBER: _____

Distribution:

- 1.) Original to Official Personnel File**
- 2.) Record in Countywide Learning Management System (LMS)**

COUNTY OF LOS ANGELES POLICY OF EQUITY



Effective July 1, 2011

THE POLICY

All Los Angeles County (County) employees are required to conduct themselves in accordance with the entirety of this County Policy of Equity (Policy), and all applicable local, county, state, and federal laws.

PURPOSE

This Policy is intended to preserve the dignity and professionalism of the workplace as well as protect the right of employees to be free from discrimination, unlawful harassment, retaliation and inappropriate conduct toward others based on a protected status.

Discrimination, unlawful harassment, retaliation and inappropriate conduct toward others based on a protected status, are contrary to the values of the County. The County will not tolerate unlawful discrimination on the basis of sex, race, color, ancestry, religion, national origin, ethnicity, age (40 and over), disability, sexual orientation, marital status, medical condition or any other protected characteristic protected by state or federal employment law, nor will it tolerate unlawful harassment, or retaliation. As a preventive measure, the County also will not tolerate inappropriate conduct toward others based on a protected status even if the conduct does not meet the legal definition of discrimination or unlawful harassment. All County employees are responsible for conducting themselves in accordance with this Policy and its associated Procedures. Violation of the Policy and/or Procedures will lead to prompt and appropriate administrative action including, but not limited to, counseling, training, written warning, written reprimand, suspension, demotion, or discharge.

COUNTY POLICY OF EQUITY PROHIBITED CONDUCT

Each County employee is responsible for understanding and abiding by these definitions of prohibited conduct as they may impact any administrative process/proceeding for potential violations of this Policy and/or associated Procedures.

COUNTY POLICY OF EQUITY DISCRIMINATION

Discrimination is the disparate or adverse treatment of an individual based on or because of that individual's sex, race, color, ancestry, religion, national origin, ethnicity, age (40 and over), disability, sexual orientation, marital status, medical condition or any other protected characteristic protected by state or federal employment law.

COUNTY POLICY OF EQUITY SEXUAL HARASSMENT

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature which meets any one of the following three criteria:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;

- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- Such conduct has the purpose or effect of unreasonably interfering with the individual's employment or creating an intimidating, hostile, offensive, or abusive working environment.

COUNTY POLICY OF EQUITY UNLAWFUL HARASSMENT (OTHER THAN SEXUAL)

Unlawful harassment of an individual because of the individual's race, color, ancestry, religion, national origin, ethnicity, age (40 and over), disability, sexual orientation, marital status, medical condition or any other protected characteristic protected by state or federal employment law is also discrimination and prohibited. Unlawful harassment is conduct which has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, offensive, or abusive work environment.

COUNTY POLICY OF EQUITY THIRD-PERSON HARASSMENT

Third-person unlawful harassment is indirect harassment of a bystander, even if the person engaging in the conduct is unaware of the presence of the bystander. When an individual engages in harassing behavior, he or she assumes the risk that someone may pass by or otherwise witness the behavior. The County considers this to be the same as directing the harassment toward that individual.

COUNTY POLICY OF EQUITY INAPPROPRIATE CONDUCT TOWARD OTHERS

Inappropriate conduct toward others is any physical, verbal, or visual conduct based on or because of sex, race, color, ancestry, religion, national origin, ethnicity, age (40 and over), disability, sexual orientation, marital status, medical condition or any other protected characteristic protected by state or federal employment law when such conduct reasonably would be considered inappropriate for the workplace.

This provision is intended to stop inappropriate conduct based on a protected status before it becomes discrimination or unlawful harassment. As such, the conduct need not meet legally actionable state and/or federal standards of severe or pervasive to violate this Policy. An isolated derogatory comment, joke, racial slur, sexual innuendo, etc., **may** constitute conduct that violates this policy and is grounds for discipline. Similarly, the conduct need not be unwelcome to the party against whom it is directed; if the conduct reasonably would be considered inappropriate by the County for the workplace, it **may** violate this Policy.

COUNTY POLICY OF EQUITY RETALIATION

Retaliation for the purposes of this Policy is an adverse employment action against another for reporting a protected incident or filing a complaint of conduct that violates this Policy or the law or participating in an investigation, administrative proceeding or otherwise exercising their rights or performing their duties under this Policy or the law.

COUNTY POLICY OF EQUITY EXAMPLES OF CONDUCT THAT MAY VIOLATE THIS POLICY AND SCOPE OF COVERAGE

Depending on the facts and circumstances, the following are examples of conduct that may violate this Policy:

- Posting, sending, forwarding, soliciting or displaying in the workplace any materials, documents or images that are, including but not limited to, sexually suggestive, racist, "hate-site" related, letters, notes, invitations, cartoons, posters, facsimiles, electronic mail or web links;
- Verbal conduct such as whistling and cat calls, using or making lewd or derogatory noises or making graphic comments about another's body, or participating in explicit discussions about sexual experiences and/or desires;
- Verbal conduct such as using sexually, racially or ethnically degrading words or names, using or making racial or ethnic epithets, slurs, or jokes;
- Verbal conduct such as comments or gestures about a person's physical appearance which have a racial, sexual, disability-related, religious, age or ethnic connotation or derogatory comments about religious differences and practices;
- Physical conduct such as touching, pinching, massaging, hugging, kissing, rubbing the body or making sexual gestures;
- Visual conduct such as staring, leering, displaying or circulating sexually suggestive objects, pictures, posters, photographs, cartoons, calendars, drawings, magazines, computer images or graphics;
- Sexual advances or propositions, including repeated requests for a date;
- Adverse employment actions like discharge and/or demotion, this list is not exhaustive.

SCOPE OF COVERAGE

County Workforce: For purposes of this Policy, County Workforce includes but is not limited to County employees, applicants for employment, all volunteers, and outside vendors.

Location: This Policy prohibits discrimination, unlawful harassment, retaliation, and inappropriate conduct toward others based on a protected status in the workplace or in other work-related settings such as off site work-related events (e.g., retirement parties) with a nexus to the workplace.

Communication System/Equipment: This Policy also applies to the use of any communication system or equipment in the workplace, including but not limited to,

electronic mail, internet, intranet, telephone lines, computers, facsimile machines, voice-mail, radio, cell phones, blackberries and mobile digital terminals. Employees may be disciplined in accordance with this Policy for using any communication system or equipment to deliver, display, store, forward, publish, circulate, or solicit material in violation of this Policy.

COUNTY POLICY OF EQUITY REPORTING VIOLATIONS OF THIS POLICY

Any County employee who believes he or she has been subjected to conduct that potentially violates this Policy is strongly encouraged to report the matter to any Department supervisor or manager or the County Intake Specialist Unit. The County Intake Specialist Unit may be reached by phone: **1-855-999-CEOP (2367)** or website: <https://CEOP.bos.lacounty.gov> and is located at: **Kenneth Hahn Hall of Administration, 500 West Temple Street, Room # B-26, Los Angeles, CA 90012**

Any non-supervisory County employee who believes he or she has knowledge of conduct that potentially violate this Policy is also strongly encouraged to report the matter.

Supervisors and managers have an affirmative duty to report potential violations of this Policy to the County Intake Specialist Unit. Supervisors and managers also have additional duties and responsibilities as detailed in the procedures associated with this Policy.

The County will promptly, fully and fairly investigate any reports/complaints and take appropriate corrective action.

County employees also may contact the California Department of Fair Employment and Housing by calling (800) 884-1684 or visiting their website at www.dfeh.ca.gov; and/or may contact the Federal Equal Employment Opportunity Commission by calling (213) 894-1000 or (800) 669-4000 or visiting their website at www.eeoc.gov.

COUNTY POLICY OF EQUITY - DUTY TO COOPERATE

All County employees are responsible for cooperating fully in any administrative investigation related to this Policy in accordance with County PPG 910.

COUNTY POLICY OF EQUITY NO RETALIATION

This Policy absolutely prohibits retaliation. No County employee will be subjected to an adverse employment action for: making a complaint of conduct that potentially violates this Policy, or cooperating in any administrative investigation or otherwise preventing prohibited practices under this Policy. The County will take corrective administrative action to prevent retaliation, including the imposition of appropriate discipline to any County employee who engages in retaliation.

COUNTY POLICY OF EQUITY PROCEDURES

INTRODUCTION

All County employees are responsible for conducting themselves in accordance with the County Policy of Equity ("Policy") and these Procedures ("Procedures"). The Policy and Procedures are the internal controlling authority for all County administrative equity matters. Violation of the Policy or Procedures will lead to prompt and appropriate administrative action including, but not limited to, counseling, training, written reprimand, suspension, demotion, and/or discharge.

Any County employee who believes he or she has been subjected to a potential violation of the Policy is strongly encouraged to report the matter.

Any non-supervisory County employee who has knowledge of a potential violation of the Policy is also strongly encouraged to report the matter.

Supervisors and managers have an affirmative duty to report potential violations of the Policy. Supervisors and managers also have an affirmative duty to take all reasonable steps to prevent and stop (through prompt and appropriate administrative action) County Policy of Equity discrimination, unlawful harassment, retaliation and inappropriate conduct toward others based on a protected status from occurring in the workplace.

The County will promptly, fully and fairly investigate all reports/complaints of potential violations of the Policy and will take prompt and appropriate administrative action. County employees shall cooperate fully in any administrative investigation related to the Policy.

COUNTY POLICY OF EQUITY PROCEDURES DUTIES OF SUPERVISORS AND MANAGERS

Under these Procedures, supervisors and managers have an affirmative duty to perform certain duties as enumerated below.

Supervisors and managers, for purposes of the Policy include: any employee regardless of job description or title, having authority, in the interest of the employer, to hire, transfer, suspend, layoff, recall, promote, discharge, assign, reward, or discipline other employees, or responsibility to direct them, or to adjust their grievances, or effectively to recommend this action, if, in connection with the foregoing, the exercise of this authority is not of a merely routine or clerical nature, but requires the use of independent judgment.

NOTE:

FAILURE BY ANY SUPERVISOR OR MANAGER TO CARRY OUT
THESE DUTIES MAY BE CAUSE FOR DISCIPLINE.

Duty of All Supervisors and Managers to Report

Supervisors and managers have an affirmative duty to report potential violations of the Policy. Supervisors and managers are required to report potential violations of the Policy to the County Intake Specialist Unit as provided below even when a complaining or reporting party requests that no action be taken. The supervisor or manager shall:

Immediately notify the County Intake Specialist Unit of the incident(s) or complaint and any initial steps taken by the supervisor or manager; and Complete a County Policy Of Equity Report form ("County POE Report Form") and file the original with the County Intake Specialist Unit with copies to:

- (a) the reporting party's Department Head, unless the complaint is against the Department Head, in which case it shall be sent to the Executive Director of the County's Equity Oversight Panel; and
- (b) the Executive Director of the County's Equity Oversight Panel.

Additional Duties of All Supervisors and Managers

Supervisors and managers are also responsible for:

- Being aware of, abiding by and understanding the Policy and Procedures, as well as any modifications that may be made to them;
- Actively monitoring the work environment to ensure that County Policy of Equity discrimination, unlawful harassment, retaliation and/or inappropriate conduct toward others based on a protected status are not occurring;
- Informing County employees under their supervision of the types of behavior prohibited, and the County's procedures for reporting and resolving complaints arising under the Policy;
- Stopping conduct that potentially violates the Policy and taking immediate and **appropriate administrative action** whether or not the involved County employees are within their line of supervision; and
- If a situation requires separation of the involved parties, particular care must be taken to avoid actions that appear to punish the complaining party. (Note: Supervisors are not required to place themselves in physical harms way to separate the parties.)

Supervisors and managers have the foregoing duties whether or not a complaint has been made.

Additional Duties of Department Heads

In addition to the duties described above, Department Heads have the following duties:

- Ensuring that the County's POE is disseminated to every employee in the Department; and
- Ensuring that blank County POE Report Forms are maintained in a prominent and accessible place in every Department Unit. It is the further duty of the Department Head to ensure that the location, availability, and purpose of these forms are made known to each Department member.

COUNTY POLICY OF EQUITY - PROCEDURES - INFORMATION ABOUT THE POLICY AND PROCEDURES

QUESTIONS ABOUT THIS POLICY

County Intake Specialist Unit

The County Intake Specialist Unit functions as a specialized resource for all County employees concerning the County Policy of Equity and these Procedures. The County Intake Specialist Unit shall respond to inquiries, including anonymous inquiries, about the Policy and Procedures and provide information to County employees about, among other things, their rights and responsibilities and complaint and investigation procedures concerning administrative equity matters.

If a caller provides enough information to indicate a potential violation of the Policy, the County Intake Specialist Unit shall complete the County Policy of Equity Report Form and inform the caller of this fact.

COUNTY POLICY OF EQUITY - PROCEDURES - ADMINISTRATIVE EQUITY COMPLAINT PROCESS

Reporting Complaints

Any County employee who believes he or she has been subjected to conduct that potentially violates the Policy is encouraged to report the matter to:

- Their Department supervisor or manager (whether or not in the County employee's chain-of-command); or
- The County Intake Specialist Unit by phone at: **1-855-999-CEOP (2367)**, or website: <https://CEOP.bos.lacounty.gov> or is located at: **Kenneth Hahn Hall of Administration, 500 West Temple Street, Room # B-26, Los Angeles, CA 90012**

Non-supervisory County employees are also encouraged to report potential violations of the Policy directed toward another to a supervisor, manager, or to the County Intake Specialist Unit, the number for which has been provided above.

Supervisors and managers have an affirmative duty to report potential violations of the Policy in accordance with the procedures detailed above.

The County Intake Specialist Unit

The County Intake Specialist Unit, is an initial point of contact for County employees who wish to report a potential violation of the Policy. County employees are not required to identify themselves when contacting the County Intake Specialist Unit.

The County Intake Specialist Unit shall be responsible for conducting an initial investigation of the report/complaint to determine the appropriate course of action based on the designations below:

- "A" designation indicates that, based on the initial intake investigation, it is determined that there has been/is a potential violation of the County Policy of Equity, which rises to a level requiring a further investigation by the County Equity Investigations Unit (CEIU);
- "B" designation indicates that, based upon the initial intake investigation, the County Intake Specialist Unit (CISU) has determined that although the situation may involve, or appear to involve, an equity issue, the situation does not rise to the level of a potential violation of the County Policy of Equity;
- "C" designation indicates that, based upon the initial intake investigation, the CISU has determined that there is no equity issue involved;
- "E" designation indicates that the initial intake investigation reveals that a discrimination, harassment, and/or retaliation complaint was received by County from an external agency, such as the California Department of Fair Employment and Housing (DFEH), and/or from the Federal Equal Employment Opportunity Commission (EEOC); and
- "N" designation indicates a non-County involved incident.

The County Intake Specialist Unit shall contact the complainant during the course of the investigation to ensure that no retaliation is occurring. The County Intake Specialist Unit shall make prompt notification to the appropriate parties if an issue of retaliation is raised.

Supervisors and Managers

County employees also may report potential violations of the Policy and/or Procedures to their Department supervisor or manager as defined above.

Investigating Complaints: The County Equity Investigations Unit

The County Equity Investigations Unit is responsible for promptly, fully and fairly investigating reports/complaints of conduct that potentially violate the Policy or

Procedures. County Equity Investigations Unit ("CEIU") investigations shall be prompt, thorough, objective, and complete. CEIU investigations shall be as confidential as reasonably possible consistent with the County's obligation to conduct a full and fair investigation. Upon conclusion of the investigation, the CEIU investigators shall present their findings to the County Equity Oversight Panel for review.

Review of County Equity Investigations Unit Investigations

- The County Equity Oversight Panel

The County Equity Oversight Panel is an independent oversight body which, in accordance with the procedures described in this section, shall have authority and be responsible for reviewing County Equity Investigations Unit investigations and making recommendations to County Department Heads concerning the disposition and discipline recommended. The County Equity Oversight Panel shall meet as needed to discuss and review each County Equity Investigations Unit investigation.

- The Review Process

The review process shall consist of the following steps:

The County Equity Oversight Panel shall receive a thorough briefing from and have the opportunity to question the CEIU investigator(s) who handled the investigation. The involved subject's Department Head or supervising chain of command shall attend the briefing. After the briefing presented by the CEIU investigator, the County Equity Oversight Panel shall recommend appropriate dispositions and discipline, if discipline is warranted.

- The County Equity Oversight Panel shall meet to read, review and discuss each CEIU investigation;
- In all cases, the County Equity Oversight Panel may direct the County Equity Investigations Unit to conduct further investigation. If further investigation is directed, another briefing shall be held in accordance with this section after the investigation; and
- The Executive Director of the County's Equity Oversight Panel shall communicate the Panel's recommendations to the involved Department Head. When required the involved Department shall issue all required administrative action letters to the subject or, where appropriate, inform the subject that the complaint was founded, unfounded or unresolved. At the same time, the involved Department shall issue a letter to the complainant indicating the status of administrative action.

Due Process, Grievance and Appeal Rights

County Employee Rights

All applicable County employee due process, grievance and appeal rights remain in tact under this Policy and Procedures.

Represented County employees may grieve disciplinary actions according to the terms of applicable memoranda of understanding ("MOU") negotiated by the Department and the union representing said members. As such, these MOUs may require separate or additional procedures according to their respective terms.

Supervisors' and Managers' Responsibilities

Any supervisor authorized to conduct grievances shall promptly communicate, in writing, to the Executive Director of the County's Equity Oversight Panel and to the involved subject's Department Head the factual basis for any decision to modify the County Equity Oversight Panel's recommendation. Failure to do so may be cause for discipline.

Appeals To Civil Service Commission

County Employees also may appeal final determinations of discipline to the Civil Service Commission in accordance with the Civil Service Rules. The Department shall notify the Executive Director of the County's Equity Oversight Panel of a settled Civil Service Commission case.

COUNTY POLICY OF EQUITY PROCEDURES EXTERNAL COMPLAINT MONITORING

The County's Intake Specialist Unit, shall receive and process all external discrimination, harassment, and/or retaliation complaints. A Department in receipt of an external discrimination, harassment and/or retaliation complaint shall forward the complaint to the County's Intake Specialist Unit for processing. Where appropriate, the County's Intake Specialist Unit will forward the complaint to the County's Equity Investigations Unit for investigation and any required contact, communication and/or closure with the involved external entity.

COUNTY POLICY OF EQUITY PROCEDURES CONFIDENTIALITY

The County shall maintain all complaint-related information in confidence to the extent possible given the obligation to conduct a full and fair investigation. For more information concerning confidentiality, County employees should contact the County's Intake Specialist Unit.